

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/610 118

FILING DATE

07-08-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		3				
2							52		1				
3							53		1				
4							54		3				
5							55		1				
6							56		3				
7							57		1				
8							58		1				
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	14	4					TOTAL IND.						
TOTAL DEP.	73	13					TOTAL DEP.						
TOTAL CLAIMS	87						TOTAL CLAIMS						

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	/					
2							52						
3							53						
4							54						
5							55						
6							56	/					
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66	/					
17							67	/					
18							68	/					
19							69	/					
20							70	/					
21							71						
22							72						
23							73	/					
24							74	/					
25							75	/					
26							76	/					
27							77	/					
28							78	/					
29							79	/					
30							80	/					
31							81	/					
32	/						82	/					
33	/	/					83	/					
34		/					84	/					
35		/					85	/					
36		2					86	/					
37		2					87	/					
38		/					88	/					
39		/					89	/					
40		3					90	/					
41		2					91	/					
42		/					92	/					
43		/					93	/					
44		/					94	/					
45		/					95	/					
46		/					96	/					
47		/					97	/					
48		/					98	/					
49		/					99	/					
50		/					100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	2						TOTAL DEP.	57					
TOTAL CLAIMS	3						TOTAL CLAIMS						

EXHIBIT 13

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SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
201							201						
202							202						
203							203						
204							204						
205							205						
206							206						
207							207						
208							208						
209							209						
210							210						
211							211						
212							212						
213							213						
214							214						
215							215						
216							216						
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218							218						
219							219						
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221							221						
222							222						
223							223						
224							224						
225							225						
226							226						
227							227						
228							228						
229							229						
230							230						
231							231						
232							232						
233							233						
234							234						
235							235						
236							236						
237							237						
238							238						
239							239						
240							240						
241							241						
242							242						
243							243						
244							244						
245							245						
246							246						
247							247						
248							248						
249							249						
250							250						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						